

State of Tennessee
Department of Children's Services
7th Floor Cordell Hull Building
436 6th Avenue North
Nashville, TN 37243-1290
1-800-600-4999

Standard Claim Invoice Instructions

- **REVISED AS UPDATED POLICY EFFECTIVE 1/1/05**
- **Form must be typed.**
- **Vendor Name** = The name of the organization that will receive payment.
- **Vendor Address** = The address of the organization that will receive payment.
- **City** = The name of the city where the organization is located that will receive payment.
- **State** = The state where the organization is located that will receive payment.
- **Zip** = The zip code where the organization is located that will receive payment.
- **Vendor Tax ID** = The 12 digit tax ID which includes prefix & suffix. This tax ID must match the tax ID on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. If you do not know your prefix and/or suffix, please call 1-800-600-4999 or 532-4999 in the Nashville area and leave a message with the operator and someone will call you back with the information. Be sure to include your contract number.
- **Provider Code** = Must be one of the following two digit codes:

 FF = Independent Living
- **Contract Number** = Assigned by DCS and must match the contract number for the vendor requesting payment. See **Attachment A** for a list of contract numbers. There must be a contract number on all invoices. Multiple contracts cannot be combined on an invoice.
- **Rate** = Leave blank.
- **Vendor Signature** = An original signature is required on each individual page of the standard claim form from the provider.
- **Print Name** = The printed name of the person signing the vendor signature on each individual page of the standard claim form.
- **Date Signed** = The date in MM/DD/YY format, including slashes, that the vendor signature was obtained.
- **Phone** = The phone number including area code of the person signing the vendor signature.
- **Service Provider** = The person or company that provided the service(s) or whom was reimbursed.

- **Total Amount of All Pages** = This amount must equal the total of all pages that make up this invoice. An invoice can equal one or more pages but not more than one contract. Do not combine more than one contract on an invoice.
- **Last Name** = Child's last name for whom the goods and/or services were provided.
- **First Name** = Child's first name for whom the goods and/or services were provided.
- **MI** = Child's middle initial for whom the goods and/or services were provided.
- **Child SSN** = Child's social security number for whom the goods and/or services were provided.
- **Birth Date** = Child's birth date for whom the goods and/or services were provided. This must be MM/DD/YY format including slashes.
- **Sex** = Child's sex code **M** or **F** (male or female) for whom the goods and/or services were provided.
- **Proc Code** = The appropriate procedure codes below must be used for the goods or services being billed:

See Attachment B

- **Allot Code** = The following two digit allotment codes must be used.

30 = Custody

NOTE: THE "REQUEST AND AUTHORIZATION OF INDEPENDENT LIVING SERVICES AND A COPY OF THE INVOICE MUST BE ATTACHED TO THE STANDARD CLAIM FOR PAYMENT TO BE RENDERED."

- **County Code** = The two digit county code of the actual county where the goods were purchased or where the services were performed.

County Code Table

01 Anderson	21 Dekalb	41 Hickman	61 Meigs	81 Stewart
02 Bedford	22 Dickson	42 Houston	62 Monroe	82 Sullivan
03 Benton	23 Dyer	43 Humphreys	63 Montgomery	83 Sumner
04 Bledsoe	24 Fayette	44 Jackson	64 Moore	84 Tipton
05 Blount	25 Fentress	45 Jefferson	65 Morgan	85 Trousdale
06 Bradley	26 Franklin	46 Johnson	66 Obion	86 Unicoi
07 Campbell	27 Gibson	47 Knox	67 Overton	87 Union
08 Cannon	28 Giles	48 Lake	68 Perry	88 Van Buren
09 Carroll	29 Grainger	49 Lauderdale	69 Pickett	89 Warren
10 Carter	30 Greene	50 Lawrence	70 Polk	90 Washington
11 Cheatham	31 Grundy	51 Lewis	71 Putnam	91 Wayne
12 Chester	32 Hamblen	52 Lincoln	72 Rhea	92 Weakley
13 Claiborne	33 Hamilton	53 Loudon	73 Roane	93 White
14 Clay	34 Hancock	54 McMinn	74 Robertson	94 Williamson
15 Cocke	35 Hardeman	55 McNairy	75 Rutherford	95 Wilson
16 Coffee	36 Hardin	56 Macon	76 Scott	99 Out of State
17 Crockett	37 Hawkins	57 Madison	77 Sequatchie	
18 Cumberland	38 Haywood	58 Marion	78 Sevier	
19 Davidson	39 Henderson	59 Marshall	79 Shelby	
20 Decatur	40 Henry	60 Maury	80 Smith	

- **CFA Y/N** = A "collective fund account" (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA, or some other benefit. This box will always be **N** for the provider code in these instructions.

- **Vendor Invoice #** = The vendor's invoice number for goods and or services purchased. Maximum length is 10.
- **Service Start Date** = The date goods were purchased or the date a service rendered. This must be MM/DD/YY format. Including slashes
- **Service End Date** = The date goods were purchased or the date a service ended. This must be MM/DD/YY format including slashes. Note: Both the service start date and the service end date must be completed even if they are the same date.
- **Unit** = For this provider code **FF**, which is reimbursed based on actual cost the unit is always 1.
- **Amount** = For this provider code **FF**, the amount is actual cost.
- **Page ___ of ___** = The first blank equals the current page number and the second blank equals the total number of pages in the invoice.
- **Page Total** = The page total must equal the sum of the amount column.
- **DCS Case Manager** = The signature of the case manager authorizing this payment. Leave blank at this time.
- **Date** = The date the case manager signed authorizing this payment. Leave blank at this time.
- **Position #** = The complete 18 digit position number of the case manager authorizing this payment. Leave blank at this time.
- **Print Name** = The printed name of the case manager authorizing this payment. Leave blank at this time.
- **Phone** = The daytime phone number of the case manager authorizing this payment. Leave blank at this time.
- **DCS Case Supervisor** = The signature of the case supervisor authorizing this payment. Leave blank at this time.
- **Date** = The date the case supervisor signed authorizing this payment. Leave blank at this time.
- **Position #** = The complete 18 digit position number of the case supervisor authorizing this payment. Leave blank at this time.
- **Print Name** = The printed name of the case supervisor authorizing this payment. Leave blank at this time.
- **Phone** = The daytime phone number of the case supervisor authorizing this payment. Leave blank at this time
- **DCS Case Signature** = Central office approving signature. If required Central Office Fiscal will forward to appropriate personnel.
- **Date** = The date the person in central office signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person in central office authorizing this payment.
- **Print Name** = The printed name of person in central office authorizing this payment.
- **Phone** = The daytime phone number of the person in central office authorizing this payment.
- **Pre-Audit** = The signature of the person performing the pre-audit.
- **Date** = The date the person performed the pre-audit. Must be in MM/DD/YY format including slashes.

- **Position #** = The complete 18 digit position number of the person performing the pre-audit.
- **Print Name** = The printed name of person performing the pre-audit.
- **Phone** = The daytime phone number of the person performing the pre-audit.

ATTACHMENT A (Contract Numbers)

CSA	INDEPENDENT LIVING
NORTHEAST CSA	HIL00130
EAST CSA	HIL00230
KNOX CO CSA	HIL00330
HAMILTON CO CSA	HIL00430
SOUTHEAST CSA	HIL00530
UPPER CUMBERLAND CSA	HIL00630
MID-CUMBERLAND CSA	HIL00730
DAVIDSON CO CSA	HIL00830
SOUTH CENTRAL CSA	HIL00930
NORTHWEST CSA	HIL01030
SHELBY CO CSA	HIL01130
SOUTHWEST CSA	HIL01230

Attachment B

Independent Living Procedure Codes

<u>Proc Code</u>	<u>Description</u>
364	Driver's Education Fees: Actual cost
365	Testing fees, e.g. SAT, ACT, GED: Actual cost
366	Interview clothes, uniforms: <u>up to \$100.00</u>
367	Application/registration fees for post secondary fees: <u>up to \$175.00</u>
368	Car Insurance for youth: <u>up to \$600 One time only</u>
369	Car repair for youth 18 and above: <u>up to \$750.00 per Fiscal Year</u>
370	Utility, phone, power and rental deposits: <u>up to \$500.00 actual cost one time only</u>
more	than one transaction allowable.
371	Tutoring: <u>up to \$45/hr</u>
372	Summer School: Actual Costs (High-school related classes only)
373	Materials/Uniforms for vocational studies: Actual Costs
374	Graduation/GED/Special Education Diploma incentive: <u>\$100 one time only</u>
375	Start up grant for post secondary: <u>up to \$250 one time only</u>
376	Personal Expense Grant for Youth not receiving "Living allowance": <u>\$75.00 per month</u> (State Funds)
377	Transportation Grant for youth who must commute to their post secondary plan: <u>up to \$60 a month</u>
378	Housing application fee for post secondary school fee: actual cost
379	Apprenticeships: Actual cost
382	Rent (not applicable if child is receiving "Living Allowance"): <u>up to \$600.00 negotiable one time only without special approval from Director of Independent Living or Designee.</u>
383	Exit Grant (Positive start for children permanently leaving custody) <u>\$450.00 one time only</u>
384	IL – Management for 359.50
385	Stipend for Independent Living classes: Actual Costs
389	Senior Pictures, Grad Announcements, Invites and Class Rings <u>up to \$350.00 one time only</u> (State Funds only) – more than one transaction
393	Good-Improved grades incentive: <u>up to \$60 a school year for high school and below</u> (State Funds only)
394	Yearbooks: <u>Actual Costs</u> (State Funds only)
395	Membership and activity fees for extracurricular activities: <u>Actual Cost</u> (State funds only)
396	Uniforms/clothing for extracurricular, leadership activities: <u>Actual Cost</u> (State funds only)
397	Tools for secondary/post secondary program: <u>actual cost</u>
398	Completion of job readiness training: <u>\$35.00 one time only</u>
399	Job start-up costs: <u>\$35.00 one time only</u>
406	Negotiable based on need, justification and authorization. Deliver of other Independent Living Services that would result in the youth achieving a positive Outcome. (Central Office Approval)
407	Special Senior Activity Clothing: <u>up to \$150.00</u> (State Funds only)
408	Transportation to Senior-related events: <u>up to \$30.00</u> (State Funds only)
409	Senior and Honor trips: <u>up to \$500 lifetime</u> (State Funds only)
410	Exit Grant (Positive Start for Special Needs or Parenting Youth permanently leaving custody): <u>\$550.00 one time only</u>